PLEASE READ ALL INSTRUCTIONS BEFORE

FILED
05 APR 12 AM 10:33
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 840330

1. Corporation Name
Frank W Hake, INc.

REINSTATEMENT 03.05

2. Principal Office Address	3. Mailing Office Address
10701 East Ute St	10701 EAST UTE ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tulsa OK	City & State: TULSA, OK
Zip: 74116 Country:	Zip: 74116 Country:

4. Date Incorporated or Qualified To Do Business In Florida: 4/3/78

5. FEI Number: 23-1745638 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: C T Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 S Pine Island Rd
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 4/11/05
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	VANCE DAVIS	10701 EAST UTE STREET	TULSA, OK 74116
VP	AL FOSBENDER	10701 EAST UTE STREET	TULSA, OK 74116
TREAS	AL FOSBENDER	10701 EAST UTE STREET	TULSA, OK 74116
SEC	JOE NESTEL	10701 EAST UTE STREET	TULSA, OK 74116
D	BRADLEY S. VETAL	10701 EAST UTE STREET	TULSA, OK 74116
D	LES AUSTIN	10701 EAST UTE STREET	TULSA, OK 74116

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Vance Davis VANCE DAVIS 03-01-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLO18 - CT System Online